

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/578,757-Conf. #1524
	Filing Date	November 5, 2004
	First Named Inventor	Fuller
	Title	Method and apparatus for analysing a liquid
	Art Unit	1797
	Examiner Name	Maureen Wallenhorst
	Attorney Docket No.	ISA-168.01

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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☐ Practitioner(s) named below:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Julius C. Fister III</i>	Date	July 7, 2008
Name	Julius C. Fister III	Telephone	781-314-4066
Title and Company Prokurist, Inverness Medical Switzerland GmbH			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted.